

LIC.# \_\_\_\_\_

FEE: \_\_\_\_\_

CITY OF UNION CITY  
HUDSON COUNTY, NEW JERSEY

LIMOUSINE LICENSE APPLICATION

APPLICATION FOR BUSINESS LICENSE FOR THE CITY OF UNION CITY:

PURSUANT TO AN ORDINANCE CONCERNING LIMOUSINE LICENSES AND  
REGULATING THE SAME, AND TO FIX THE AMOUNT OF LICENSE FEES TO BE PAID,  
WE THE UNDERSIGNED, HEREBY

MAKE APPLICATION FOR LICENSE TO OPERATE A limousine company  
TYPE OF LICENSE

FOR THE CALENDAR YEAR \_\_\_\_\_, WHICH LICENSE SHALL TERMINATE ON  
DECEMBER 31<sup>ST</sup>, AT MIDNIGHT

APPLICATION OF \_\_\_\_\_  
NAME OF CORPORATION

TRADE NAME, IF ANY, UNDER WHICH BUSINESS IS CONDUCTED.

\_\_\_\_\_  
LOCATION OF PREMISES TO BE LICENSED \_\_\_\_\_

\_\_\_\_\_  
ARE PREMISES TO BE LICENSED OWNED: YES  NO

ARE PREMISES TO BE LICENSED RENTED OR LEASED: YES  NO

IF LICENSED PREMISES ARE TO BE RENTED OR LEASED, STATE NAME AND  
ADDRESS OF OWNER:

\_\_\_\_\_  
\_\_\_\_\_  
CORPORATION NAME OF APPLICANT: \_\_\_\_\_

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FEE: \_\_\_\_\_

LOCATION OF PRINCIPAL OFFICE AND ITS REGISTERED AGENT:

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DATE OF INCORPORATION AND UNDER THE LAWS OF WHAT STATE:

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IF NOT INCORPORATED UNDER THE LAWS OF NEW JERSEY, IS CORPORATION AUTHORIZED TO DO BUSINESS IN NEW JERSEY? \_\_\_\_\_

NAME AND ADDRESS OF ALL OFFICERS AND DIRECTORS AND OFFICE HELD BY EACH:

NAME:

ADDRESS:

OFFICE:

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HAVE YOU OR ANY PERSON MENTIONED IN THIS APPLICATION EVER BEEN CONVICTED OF ANY CRIME?

YES  NO

IF YES GIVE DETAILS OF ALL CONVICTIONS AND DATES:

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APPLICANT AGREES IF LICENSE IS ISSUED, TO ABIDE BY AND COMPLY WITH ALL THE PROVISIONS OF THE CITY OF UNION CITY CODE AND ALL OTHER LAWS AND REGULATIONS OF THE CITY OF UNION CITY, COUNTY OF HUDSON AND STATE OF NEW JERSEY.

NAME AND ADDRESS OF INSURANCE COMPANY ISSUING \$1,500,000.00 INSURANCE POLICY TO INSURE AGAINST LOSS BY REASON OF LIABILITY FOR DAMAGES OF BODILY INJURY OR DEATH

Insurance certificate must provide 30 day notice to the Director of the Division of Motor vehicles and City of Union City of insurance policy cancellation. Each limousine covered by the insurance certificate must be listed in the insurance certificate. Original insurance certificate must be submitted to Union City with this application.

State the year, model and VIN # for each limousine licensed:

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Requirements to be submitted with this application:

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1. Insurance certificate for \$1,500,000.00 as set forth above;
2. Proof of ownership or lease of licensed premises; and
3. Proof that the premises can be used for a limousine business. Submit a certificate of occupancy or continuing certificate of occupancy or zoning certificate.

ALL LICENSE FEES MUST ACCOMPANY THIS APPLICATION AND CASH OR BY CERTIFIED CHECK OR MONEY ORDER, PAYABLE TO THE UNION CITY. A fee of \$50 is Due for each limousine service plus \$10 for each limousine covered by the insurance policy.

DATED: \_\_\_\_\_  
CORPORATION NAME

ATTEST: \_\_\_\_\_ BY \_\_\_\_\_  
SECRETARY PRESIDENT OR VICE-PRESIDENT